

FILED JUN 8 1944

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Jackson.
(b) City or town Independence. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 412 E. Lexington.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80Yrs. (Specify whether years, months or days)
In this community 80Yrs.

3. (a) PRINT FULL NAME Charles H. Roberts.

3. (b) If veteran, No. No. 3. (c) Social Security No. None.

4. Sex male. 5. Color or race Negro. 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Anna Belle Roberts. 6. (c) Age of husband or wife if alive Unknown.
7. Birth date of deceased Oct. 10, 1860. (Month) (Day) (Year)

8. AGE: Years 83--- Months 6--- Days 25--- If less than one day hr. min.

9. Birthplace Boonville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation None.

11. Industry or business Grandson Roberts.

12. Name Grandson Roberts.
13. Birthplace Unknown - (City, town, or county) (State or foreign country)

14. Maiden name Mary Shepherd.

15. Birthplace Unknown - (City, town, or county) (State or foreign country)

16. (a) Informant Twentina Jackson.
(b) Address 2619 E. 24th St. Terrace

17. (a) Burial. (b) Date thereof K. C. Mo. May 18, 1944
(Burial, cremation, or removal) (City or town) (State) (Year)

(c) Place: burial or cremation Woodlawn Cemetery.

18. (a) Signature of funeral director E. E. Davis
(b) Address 312 E. Lexington.

19. (a) 5-8-1944 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson.
(c) City or town Independence. (If outside city or town limits, write "RURAL")
(d) Street No. 412 E. Lexington. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4
year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 5-1-44 to 5-4-44
that I last saw him alive on 5-4-44 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial infarction Duration 1 1/2 yrs.
Chronic interstitial nephritis
Hypertension

Due to Hypertension
Due to Chronic interstitial nephritis
Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature W. A. Love (M. D. or other)
Address 1820 - N - 3rd St. K.C. Date signed 5-6-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

L. J. Harris

Licensed Embalmer No.

3388

P. O. Address

H. C. mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.